


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90149 027 \*\*\*\*50.00

**DOCUMENT # L03000019299**  
 1. Entity Name  
**HISTORIC CREATIONS REALTY, LLC**



Principal Place of Business 23 SOUTH OSCEOLA AVE. ORLANDO, FL 32801	Mailing Address 61 W COLONIAL DR ORLANDO, FL 32801
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**DO NOT WRITE IN THIS SPACE**



03272006No Chg-LLC CR2E083 (11/05)

4. FEI Number 14-1885013	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 SHOEMAKER, JOHN B  
 61 W COLONIAL DR  
 ORLANDO, FL 32801

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COHEN, ODED 61 W COLONIAL DR ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KODSI, STEVEN 61 W COLONIAL DR ORLANDO, FL 32801
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**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** Oded Cohen 3/31/06 (407)294-7931 x104

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #